

DEVAL L. PATRICK Governor

TIMOTHY P. MURRAY Lieutenant Governor

THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS

Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114 617-626-1700 fax 617-626-1850 www.Mass.gov/AGR



IAN A. BOWLES Secretary

DOUGLAS W. PETERSEN Commissioner

EQUINE HERPES VIRUS

Equine Herpes Virus (EHV), also known as Equine Rhinopneumonitis, is a highly contagious viral disease with multiple strains that can cause upper respiratory infections, abortions in pregnant mares and neurological disease.

The respiratory strain is the most common strain of EHV. Although all horses can be susceptible to upper respiratory infection caused by the virus, young horses are more commonly affected. The clinical signs for upper respiratory infection may include nasal discharge, loss of appetite, persistent cough, lethargy and fever. The respiratory strain is primarily spread through coughing, sneezing and respiratory secretions. Most horses fully recover from the respiratory form of EHV.

EHV can cause abortions in pregnant mares. Abortion will generally occur late in gestation. The virus can be carried in aborted fetal tissue, placenta and uterine fluids from the mare and can infect other horses that have contact with the contaminated matter. Foals can also be stillborn or die within a short time after birth. In order to reduce the risk of contracting EHV, broodmares should be housed apart from potentially high-risk horses such as young horses and horses that frequently travel. Pregnant mares should be housed together in small groups.

The neurological strain is less common than the upper respiratory strain of EHV but it is significant because of the devastating effects caused by the virus. The neurological form of EHV can cause death or paralysis in horses. Those horses presenting with the neurological strain can present with neurological symptoms such as an inability to stand, lower leg swelling and reduced tail tone. It should be noted that respiratory outbreaks may include a small percentage of neurological cases. The neurological cases may not present with the upper respiratory symptoms demonstrated by the rest of the herd.

The incubation period for all forms of EHV is from 2 to 10 days after exposure. In the event of an outbreak, proper quarantine measures should immediately be established. Proper quarantine protocol includes assuring that no horses would be allowed in or out of the quarantine area for a period of 21 days after the last infected horse is free of clinical symptoms and tested negative for EHV. Equipment and items used in the quarantine area should not be used in other areas. Proven cleaning and disinfection methods should be employed, especially when equipment or items must be moved. At the end of the quarantine period all items and the area where the horses were kept should be thoroughly cleaned and disinfected. Designated clothing, footwear and gloves should be worn in the quarantine area and removed and placed into a receptacle to prevent further spread of the virus. Access to the quarantine area should be limited to necessary personnel. It should be noted that some infected horses do not show clinical signs and others may stop showing clinical signs of EHV but can shed the virus and infect other horses. The virus can remain latent for long periods of time and shedding may occur if the carrier horse becomes stressed. If a horse has had a known exposure to EHV it is important to immediately contact a veterinarian.

The EHV virus survives in the environment for short periods of time. The virus surviving in the environment can be destroyed through removal of infected organic matter (i.e., manure) and proper disinfection. Horses having contact with the live virus can become infected or reinfected with EHV. The environment includes not only the immediate surroundings but also feed, water, equipment, bedding and tack.

Proper biosecurity methods should be employed to assure that the virus does not spread from one horse to another or from one location to another. Applying simple measures can make the difference between contracting a disease or preventing it. Wearing designated clothing within the confines of the area where horses are kept will minimize the risk of carrying EHV from one location to another. Hand washing can stop the spread of germs. It is helpful to keep hand sanitizer in areas where soap and water is not available. Avoid commingling of horses. Restricting access to the horses and areas where they are kept to necessary personnel and requiring protective clothing be worn by visitors, (including veterinary practitioners) reduces the risk of the virus being carried onto the premises.. Avoid sharing items used by other horses unless the item has been thoroughly disinfected before and after use. New arrivals should be isolated for a period of fourteen (14) to thirty (30) days to assure that they are not carrying EHV or any other infectious disease.

A case of EHV has been confirmed in the New England area. Where this virus is easily transmissible and has the potential of being deadly, it is important to take precautions to protect against exposure to EHV. While there is no cure for EHV the potential for contracting the virus can be reduced through good biosecurity. Practice good isolation, cleaning and disinfection protocols and other proven biosecurity measures. Vaccines are available that protect against the respiratory and abortion forms of the virus. Unfortunately no vaccine is proven to protect against the neurologic strain of the virus. A veterinarian should be consulted for information and advice about the use of vaccines. Whether you own one horse or a herd of horses it is important to safeguard against EHV.

Veterinarians should report highly suspicious and confirmed cases to the Department of Agricultural Resources at 617-626-1795.